



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo City  
 Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph

PHILHEALTH REGIONAL OFFICE VI MSD-FMS-COMPTROLLERSHII	
RECEIVED	RELEASED
BY/DATE: <i>6/22/12 2:01 PM</i>	BY/DATE: <i>7/5</i>

**PURCHASE ORDER**

Supplier: **FEMOS KITCHENETTE**  
 Address: **Business Park, San Jose**  
**Antique**  
 Tel./Fax: **9189192825**  
 Supplier Registered with:

P.O. No: **61206-138**  
 Date: **June 22, 2012**  
 Terms of Payment: **15 Calendar days**  
 Mode of Procurement: **Negotiated Procurement**  
 RIV No.: **342-05-12**

Please deliver to this Office on **June 27, 2012** upon receipt hereof :

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			EMPLOYER'S FORUM AT SAN JOSE ANTIQUE		
			ON JUNE 27, 2012		
	100	pax	AM SNACKS	96.00	9,600.00
			Hamburger		
			Softdrinks		
			Inclusive of: Venue, Electricity for		
			IT Equipment, sound system, podium		
			rostrum, backdrop, and set-up		
			(Billing will be based on the actual attendees)		
			<b>TOTAL</b>		<b>9,600.00</b>

**Conditions:**

- \*The Agency shall impose a penalty in the amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
- \*Render your bills in triplicate copies including the original.
- \*If the date of receipt of this P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval.
- \*For imported items, IMPORTANT DOCUMENTS specifically showing the condition, serial numbers of the equivalent purchased, and tax receipts should be submitted by the supplier.

Very truly yours,

*[Signature]*  
**MARJORIE A. CARRIETO**  
 CHIEF - MSD

Fund available in the amount of : *₱ 9600.-*

Approved:

*[Signature]*  
**DENNIS S. MAS, Ph.D. URP**  
 RVP - PHRO VI

*440-90/P*  
**JONALYN T. ILISAN/JEIJEN ROSE CHU GAVINO**  
 Fiscal Controller III/Fiscal Controller IV

Received copy of P.O. on \_\_\_\_\_  
 By: *[Signature]*

CONFORME:

*[Signature]*  
**FEMOS KITCHENETTE**  
 (Printed Name & Signature of Supplier/Rep.)  
*FEM-OSORIO*